

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 RECEIVED
 DEC 26 1984
 O. C. D.
 ARTESIA, OFFICE

Operator Ray Westall

Address P.O. Box 4 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 1-31-85
 UNLESS AN EXCEPTION FROM
 THE B. L. M. IS OBTAINED

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Hill Federal</u>	<u>2</u>	<u>W. Hackberry-Yates - 5A</u>	State, Federal or Fee <u>Fed. NM</u>	<u>28500</u>

Location
 Unit Letter A; 990 Feet From The North Line and 660 Feet From The East
 Line of Section 21 Township 19S Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P.O. Box 1183 Houston, Texas 77251</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>21</u>	<u>19S</u>	<u>31E</u>	<u>No</u>	

this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>11-13-84</u>	<u>12-4-84</u>	<u>2450'</u>	<u>2430'</u>					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3508. GR</u>	<u>Yates</u>	<u>2242</u>	<u>2400'</u>					
Perforations	Depth Casing Shoe							
<u>2242-2365 w/20 .40 cal shots</u>	<u>2450'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>355'</u>	<u>200 SXS</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>2450'</u>	<u>600 SXS</u>
	<u>2 3/8"</u>	<u>2400'</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>12-9-84</u>	<u>12-15-84</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>0</u>	<u>5#</u>	<u>7/8"</u>
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
<u>30</u>	<u>15</u>	<u>15</u>	<u>TSTM</u>

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ray Westall
 (Signature)
 Operator
 (Title)
12-21-84
 (Date)

OIL CONSERVATION COMMISSION
 DEC 31 1984

APPROVED _____, 19____

BY _____
 Original Signed By
 Leslie A. Clements
 Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowables on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.